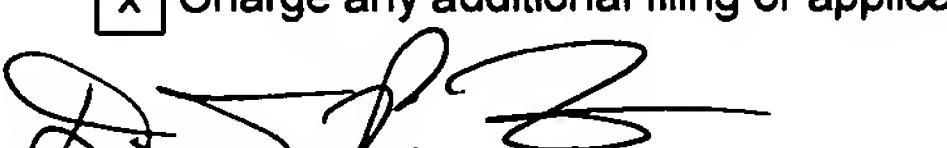
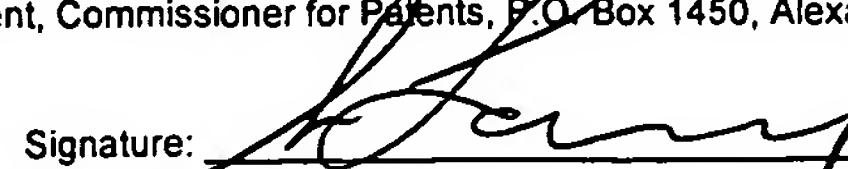




AMENDMENT TRANSMITTAL LETTER				Docket No. GPCG-P01-003
Application No. 10/001934	Filing Date November 15, 2001	Examiner K. A. Canella	Art Unit 1643	
Applicant(s): Nagy et al.				
Invention: HUMAN POLYPEPTIDES CAUSING OR LEADING TO THE KILLING OF CELLS INCLUDING LYMPHOID TUMOR CELLS				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	314	- 521 =		x
Independent Claims	12	- 12 =		x
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>				
Other fee (please specify): Extension for response within third month 510.00				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 510.00				
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-1945</u> in the amount of \$ <u>510.00</u> . A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 David P. Halstead Attorney Reg. No.: 44,735 FISH & NEAVE IP GROUP, ROPES & GRAY LLP One International Place Boston, Massachusetts 02110-2624 (617) 951-7739				
Dated: <u>June 30, 2006</u>				
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.				
Dated: <u>6/30/06</u> Signature:  (Susan Lanney)				



IFC

1643
\$

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **690.00**

Complete if Known	
Application Number	10/001934
Filing Date	November 15, 2001
First Named Inventor	Zoltan Nagy
Examiner Name	K. A. Canella
Art Unit	1643
Attorney Docket No.	GPCG-P01-003

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Fish & Neave IP Group, Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 200 100

Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee (\$)
<u>521</u>	<u>- 20 =</u>	<u>x</u>	<u>=</u>			
<u>12</u>	<u>- 3 =</u>	<u>x</u>	<u>=</u>			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u>	<u>- 100 =</u>	<u>/50</u>	<u>(round up to a whole number) x</u>	<u>=</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

1806 Submission of an Information Disclosure Statement 180.00

Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		44,735	(617) 951-7615
Name (Print/Type)	David P. Halstead	Date	June 30, 2006

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 6/30/06

Signature:

(Susan Lanney)